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By Tracy Crews at 9:20 am, Jan 29, 2021



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

Complete this report in duplicate at the time of the regular monthly preventative maintenance check, and whenever instrument is repaired. Send copy to Department of Health and Senior Services; retain original in department file.

ALCO SENSOR IV SN 111780	NAME OF AGENCY Kansas City Police Department	DATE OF INSPECTION 01/20/2021
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LOCATION OF INSTRUMENT (STREET AND CITY) 9701 MARION PARK DR, KANSAS CITY	TIME OF INSPECTION 0210 hours
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CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

- DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
- TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
- PRINTER WORKING PROPERLY
- TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

- SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE
- STANDARD SUPPLIER **INTOXIMETERS** LOT # **AG010103** EXP. DATE **04/10/2022**
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) SIM. SN SIM. NIST EXP DATE

- CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)
Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005% or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)
 - 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
 - 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
 - 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 .081	TEST 2 .081	TEST 3 .081
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- RFI DETECTOR OPERATING

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS	0	(0-.04)	0	(.05-.09)	1	(.10-.14)	1	(.15-.19)	3	(OVER .19)	4
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

Instrument meets all DOHSS standards and guidelines.

INSPECTING OFFICER	
SIGNATURE <i>P.O. S R 5396</i>	PRINT NAME Shawn Davis
TYPE II PERMIT NUMBER/EXPIRATION DATE 290088 / 04/22/2021	TELEPHONE NUMBER () 816-234-5000

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

AS IV Serial no: 111780
Version no: 532B

TEST RECORD 00363
Temp Date Time ^{s/} 210L
Air Blank:
01/20/21 02:10 .000
Calibration Check:
37 01/20/21 02:10 .081

Subject Name
Test #1
Subject I.D.

Operator Name, I.D.
Davis 290088
Location

AS IV Serial no: 111780
Version no: 532B

TEST RECORD 00365
Temp Date Time ^{s/} 210L
Air Blank:
01/20/21 02:13 .000
Calibration Check:
35 01/20/21 02:13 .081

Subject Name
Test #3
Subject I.D.

Operator Name, I.D.
Davis 290088
Location

AS IV Serial no: 111780
Version no: 532B

TEST RECORD 00364
Temp Date Time ^{s/} 210L
Air Blank:
01/20/21 02:11 .000
Calibration Check:
36 01/20/21 02:11 .081

Subject Name
Test #2
Subject I.D.

Operator Name, I.D.
Davis 290088
Location

AS IV Serial no: 111780
Version no: 532B

TEST RECORD 00366
Temp Date Time ^{s/} 210L
VOID: RFI
12 01/20/21 02:15

Subject Name
RFI Test
Subject I.D.

Operator Name, I.D.
Davis 290088
Location



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT
TYPE II

SHAWN DAVIS

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

ALCO-SENSOR IV WITH PRINTER, INTOXILYZER 8000

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 4/22/2019
NUMBER 290088
EXPIRES 4/22/2021

W.A. Shaw
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Shawn Davis
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 586-0771 (6-10)

STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

INSTRUMENT OPERATOR CARD

The named contributor is authorized to operate an identical breath alcohol instrument for the determination of the alcoholic content in breath form of expired air.

Operator: **DAVIS, SHAWN**
Permit No: **290088**
Date Issued: **4/22/2019** Date Expires: **4/22/2021**



Airgas USA LLC (LAB)
3500 Bernard Street
St. Louis, Mo. 63103
Ph: (314) 533-3100
Fax: (314) 533-7328

Certificate of Analysis

Customer Name
Exclusive Supplier
Intoximeters, Inc.
2081 Craig Road
St. Louis, Mo 63146

Test Date: 13-Apr-2020

Lot # AG010103 Model 108cacc

Exp. Date
10-Apr-2022

Cyl. Type
108

Component
Ethanol
Nitrogen

Certified Concentration
0.082 ± 0.002 BrAC (223 ppm)
Balance

Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

RGM Serial No.	Concentration	CRM Serial No.	Concentration
EB0010581	392.1 ppm	0056649	390.1 ppm
EB0010570	259.8 ppm	0056662	150.2 ppm
EB0010285	208.0 ppm		
EB0010561	103.6 ppm		
EB0010681	52.12 ppm		

Analytical Method: NDIR

Digitally signed by Quality Control
Reason: Dry gas submitted certification of analysis
Location: Airgas USA LLC (Lab)

Approved for Release: *Rod Marsala*
Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 3082.06
ISO 17034:2016 A2LA accredited. Certificate Number 3082.07